ESPONSE TRANSMITTAL AND FEE AUTHORIZATION ATTORNEY DOCKET No.: 15162/02720 SERIAL NO.: 09/711,049 BADEMA CONFIRMATION NO: EXAMINER: FILING DATE: November 9, 2000 6084 Anne L. Damiano INVENTOR(S): Masahito NIIKAWA TITLE OF INVENTION: METHOD AND APPARATUS FOR DIAGNOSING ELECTRONIC DEVICE MAIL STOP RCE EXPRESS MAIL MAILING LABEL NO.: EL 794581442 US DATE OF DEPOSIT: SEPTEMBER 16, 2004 COMMISSIONER FOR PATENTS P. O. BOX 1450 I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to ALEXANDRIA, VA 22313-1450 Addressee" service under 37 C.F.R. § 1.10 on the dated indicated above and is addressed to the MAIL STOP RCE, TRANSMITTED HEREWITH FOR THE ABOVE IDENTIFIED U.S. Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450. PATENT APPLICATION IS: (A) Amendment in response to Office Action mailed DERRICK GORDON on March 18, 2004. Name of Person Mailing Paper or Fee (B) A Petition for Extension of Time (\$950) \square for 1 month \square for 2 months \boxtimes for 3 months; Signature A Petition for Extension of Time, having been previously filed, \square for 1 month \square for 2 months \square for 3 months September 16, 2004 (C) A request for approval of proposed drawing changes. Date of Signature (D) A Letter to Official Draftsperson. (E) An Information Disclosure Statement. (F) Other: Request for Continued Examination (RCE) Pursuant to 37 C.F.R. § 1.114 (\$770) (G) A Notice of Change of Inventor Address. The claims fee, if any, has been calculated as shown below LARGE ENTITY SMALL ENTITY **CLAIMS** HIGHEST NO. PRESENT REMAINING RATE ADD'L FEE RATE ADD'L FEE **PREVIOUSLY AFTER EXTRA** PAID FOR AMENDMENT MINUS TOTAL OR x \$18 \$-0-0 0 x \$9 \$ INDEP. Minus x \$43 x \$86 \$-0-0 0 FIRST PRESENTATION OF MULTIPLE DEP. CLAIM + \$290 \$145 TOTAL TOTAL \$-0-\$ 0.00 ADD'L FEE ADD'L FEE Please charge \$1720 to Sidley Austin Brown & Wood LLP's Deposit Account No. 18-1260, which includes \boxtimes the amount of \$0 for the claims fee calculated above AND/OR

 \boxtimes the amount of \$1720 for the fee for item(s) \boxtimes (B) \square (E) \boxtimes (F), supra Please charge any additional fees (other than issue fee) required during the pendency of this application \boxtimes to Deposit Account No. 18-1260. Please credit any overpayment to Deposit Account No. 18-1260. \boxtimes A duplicate copy of this Response Transmittal and Fee Authorization is enclosed.

September 16, 2004

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